

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**DR. MARY B. AHLGREN**

Mailing Address 602 N 3RD ST

City

LE CLAIRE

State

IA

Zip Code

52753-9407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.144991**

Date of Receipt

**09 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**B. Full Name (Last, First, Middle Initial)**

**DR. MARY B. AHLGREN**

Mailing Address 602 N 3RD ST

City

LE CLAIRE

State

IA

Zip Code

52753-9407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.153152**

Date of Receipt

**09 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**C. Full Name (Last, First, Middle Initial)**

**SUSAN AHLSTROM**

Mailing Address 1413 OAK AVE

City

LOS ALTOS

State

CA

Zip Code

94024-5707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

AHLSTROM CONSULTING

Occupation

PRINCIPAL

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.124383**

Date of Receipt

**07 / 09 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page (optional)**.....

2900.00

**Total This Period (last page this line number only)**.....